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## THE LAW RELATING TO THE RELIEF AND CARE OF DEPENDENTS. V.

### THE LAW RELATING TO THE CARE AND TREATMENT OF THE DEFECTIVE.<sup>1</sup>

THE public makes special provision for the education of the deaf and dumb and the blind, and for the care and treatment of the insane, the idiotic and feeble-minded, the epileptic and the inebriate, as well as for the care of paupers and dependent children. The laws concerning the dependent have been discussed in previous papers; those concerning the defective classes will be discussed in this. The justification for discussing the laws relating to defectives in a study of the poor laws is found in the facts that (1) special provision is made by the public for them, and (2) historically, as the result of classification, the defective classes have largely been taken from the dependent class and methods of treatment more appropriate to them adopted.

#### I. THE DEAF-MUTES AND THE BLIND.

As it is impossible to educate the deaf-mutes and the blind in our non-specialized public schools, special institutions have been established for that purpose. The fact that there are relatively few of this class necessitates that they should be brought together in a central institution and that the state should provide for the extraordinary expense involved in thus educating them away from home. Such provision has, with a few exceptions, been made by all our commonwealths.<sup>2</sup>

In a number of the eastern states, where private institutions are well developed, the pupils are sent to private schools at public expense. In a number of western states, yet too sparsely set-

<sup>1</sup> The authorities to which references are made in this paper, when not stated, are those cited in a previous paper, pp. 632, 633, *JOURNAL OF SOCIOLOGY*, March, 1898.

<sup>2</sup> Only in Oklahoma and New Mexico has no provision for the education of the blind been found. All provide for the education of deaf-mutes.

tled to afford institutions of their own, they are sent to those of the neighboring states.<sup>1</sup> The great majority of the states have, however, one or more public institutions to which all may be sent. In some cases both classes are educated in different departments of one institution, in others in separate schools.<sup>2</sup>

These educational facilities are usually offered to children of "school age." Sometimes the term of instruction is fixed, and in many cases is very short.<sup>3</sup> In most of the states, however, this entire matter is left with the board of directors of the institution. Usually maintenance and tuition are provided for all by the state free of charge. In some sixteen states, however, a distinction is made between indigents and those able to pay, the latter being compelled to pay their expenses.<sup>4</sup> In Missouri the

<sup>1</sup> In the following states both the blind and the deaf and dumb are sent to private institutions or to the institutions of neighboring states: Massachusetts, New Hampshire, Vermont, Maine, Connecticut, Delaware, Pennsylvania, Wyoming, Idaho, Nevada, and Arizona. The same is true of the blind in Rhode Island and New Jersey, and of the deaf and dumb in Oklahoma and New York.

<sup>2</sup> In Virginia, West Virginia, Maryland, North Carolina, South Carolina, Florida, Louisiana, Minnesota, Montana, Colorado, Washington, and California one institution serves for the education of both the deaf and dumb and the blind. In Mississippi, Georgia, Tennessee, Texas, Arkansas, Michigan, Indiana, Ohio, Illinois, Wisconsin, North Dakota, South Dakota, Iowa, Nebraska, Kansas, Missouri, and Oregon they are educated in separate institutions, each state having two. Kentucky has three, one for the blind and one for white and one for colored deaf-mutes. Alabama has two institutions, a second one having been established for the colored blind and mute. New York has a school for the blind, while Rhode Island, New Jersey, and New Mexico have institutions for the deaf and dumb.

<sup>3</sup> The term of instruction is fixed in Texas and Oregon at two; in Georgia, four; in Kentucky and West Virginia, five, and in Alabama, six years.

<sup>4</sup> In the following states all are maintained and educated free of charge, the county, as a rule, paying the cost of clothing and transporting the indigent: Massachusetts (ch. 329, Supplement), Maine (126, 206, ch. 11), Connecticut (Act of May 23, 1893), Rhode Island (23, ch. 85; 4, ch. 86), New York (8, p. 284), West Virginia (ch. 45, as amended in 1895), North Carolina (2230, 2238), Georgia (1215, 1235), Texas (121-136), Arkansas (4039-4044), Louisiana (No. 49, Acts of 1888), Michigan (1851-1853, 1871), Indiana (2807-2809), Ohio (665-668), Illinois (97, ch. 23), Minnesota (3442-3443), North Dakota (960-963), South Dakota (261, 269, 271), Iowa (2762-2765, 2776-2779), Nebraska (2513<sup>8-9</sup>), Kansas (6153-6154), Montana (3442-3443), Wyoming (Act of 1890), Utah (2102, 2116), Colorado (3253, Mills' Supplement), Washington (1981, 2010), and California (2238-2240). In Massachusetts, Rhode Island, and Minnesota the pupils may reimburse the state. In New Hampshire (1, ch. 86), Vermont (684, 687), Maryland (1-5, art. 30), New Jersey (1-12, p. 1179), Pennsylvania

county, which is responsible for the indigent as paupers, must bear the expense.<sup>1</sup> In Delaware the expense of educating the deaf-mutes and the blind is deducted from the school fund drawn by the counties.<sup>2</sup>

While, for reasons of economy, most of the blind and the mutes are educated in state institutions, the larger cities have in a few instances provided facilities for them as a part of their public-school systems. In Pennsylvania school districts of more than 20,000, having eight or more deaf-mutes, may, as a part of the public-school system, provide schools for them.<sup>3</sup> In Wisconsin cities and villages may establish schools for the deaf and dumb and the blind. If approved by the state board of control, the state pays them \$100 for each child educated during the school year. The local governments not having such provision send their defectives to the state institutions, paying \$100 per year toward their support.<sup>4</sup>

While most of the states have provided special schools for the education of these defectives, this does not solve the problem of support in adult life, particularly for the blind. Most of this class cannot become self-supporting, and many are necessarily supported at public expense. A few states have made special provision for them, usually with the idea of making them self-supporting. In 1886 Ohio enacted a law providing for the establishment of a state institution where the able-bodied, dependent blind of the state might be brought together and given opportunities for work. This institution met with poor success, however, and was discontinued in 1896. In 1885 California made institutional provision for the indigent blind of both sexes. Work was to be required of the able-bodied. In 1890 Iowa established "The Industrial Home for the Adult Blind," the object of which was "to provide a working home and means

(1, p. 705), Virginia (1658), South Carolina (1060, 1061), Florida (274, as amended in 1895), Mississippi (2316), Alabama (1095, 1096), Kentucky (284, 289, 299), Idaho (Act of March 14, 1891), Nevada (1498-1500), Arizona (Act of March 4, 1895), New Mexico (Act of February 24, 1887), and Oregon (2714) tuition and maintenance are furnished free of charge to indigents only, others being compelled to pay.

<sup>1</sup> 5712, 5729.

<sup>3</sup> 6, p. 706.

<sup>2</sup> Act of March 23, 1875.

<sup>4</sup> 573, 579a.

for the blind to earn and provide their own subsistence." They are taught a trade and then may, if they care to, remain and ply it in the institution. The statutes of Maryland (8, art. 30) authorize the directors of the institute for the blind youth to use a part of the endowment fund for the erection of workshops and a store, for the manufacture and sale of articles; the indigent adult blind of the state being permitted to enjoy the opportunities afforded by the institution. Finally, the statutes of New York provide that the directors of the institution for the blind at Batavia may, upon his graduation, set an indigent pupil up in business, the expense involved being charged to the county responsible for him as a dependent.

## II. THE INSANE.

Every commonwealth, with the exception of Oklahoma Territory, has provided one or more hospitals for the custody and treatment of the "acute," "violently," and "dangerously insane."<sup>1</sup> With a few exceptions, the idiotic, the harmless insane, and cases of delirium tremens are explicitly excluded. The provision for the violent cases of insanity is, however, in many states very inadequate, and many are confined in the almshouses and jails.<sup>2</sup>

Historically the insane have been treated first as possessed, then as vagrant, and finally as diseased. In 1744 all the insane

<sup>1</sup> For the acute insane New York has eleven hospitals; Ohio (including the Longview Asylum) six; Illinois, Indiana, Iowa, Massachusetts, and Virginia, four; California, Michigan, Minnesota, Missouri, North Carolina, and Tennessee, three; Maryland, Mississippi, New Jersey, Pennsylvania, South Dakota, Nebraska, Texas, Vermont, Washington, West Virginia, and Wisconsin, two; while each of the remaining states and the District of Columbia have one. Oklahoma sends her insane to the hospitals of the adjoining states.

<sup>2</sup> By an act of June 29, 1895, Connecticut prohibits the retention of the insane in the county jails. In Michigan (1902) they are not to be kept in the jail longer than ten days. In a number of states it is provided that the insane are not to be retained in the almshouses when there is sufficient room for them at the hospital. In Massachusetts (ch. 319, Supplement) cases of insanity of less than twelve months' duration must be treated when retained in the almshouse. In most of the states the hospital facilities are inadequate, and many of them expressly provide that the dangerously and the indigent insane shall be confined in the almshouse or the county jail until room may be had for them in the hospitals.

of England were ordered to be confined as a dangerous class of vagrants. This legislation was copied by the colonies, and even now, when insanity is recognized and dealt with as a disease, traces of the old treatment are found. These are to be seen in the commitment laws of several of the states.

The states may be thrown into four groups, according as the insane (1) are arraigned or tried in the county or the justice court, and committed to the hospital without a medical examination or the testimony of a medical authority; or (2) are tried in the county or justice court and committed, an examination and certificate of insanity by one or more physicians being required; or (3) are examined by, and committed upon the certificate of, one or more physicians, the function of the court being reduced to registering their finding; or (4) are arraigned, and an inquisition made, by a regularly constituted commission.<sup>1</sup>

In the first group are Colorado, Louisiana, Maryland, New Mexico, Texas, Virginia, and Wyoming. In Virginia a person suspected of being insane is ordered by a justice to be brought before him and two other justices for examination. Witnesses (including a physician, if one is attending the case) are subpoenaed to appear. If committed, the patient is reexamined and received or dismissed by the board of trustees of the asylum.<sup>2</sup> Upon petition to the effect that a person is insane and dangerous to the community, the county or probate judge in Colorado, Maryland, Texas, and Wyoming impanels a jury (in Colorado and Texas of six, in the others of twelve), which decides as to the insanity of the person in question.<sup>3</sup> However, in Texas trial by jury applies only to the pauper insane. Other patients are committed by the court upon the certificate of insanity made, upon examination, by a physician. In Louisiana and New

<sup>1</sup> The commitment laws of the several commonwealths were treated at length in a committee report, made by Stephen Smith at the National Conference of Charities and Corrections in 1892. The report was based upon MR. HARRISON'S *A Collection of the Lunacy Laws of the United States*, compiled in 1884. While a few states have amended their law for the better since this report was made, its statements in most cases still hold true. The report referred to will be found in the *Report of the N. C. C. for 1892*, pp. 94-124.

<sup>2</sup> 1669.

<sup>3</sup> 2935; I, art. 59; 96; 2391.

Mexico the insane are examined and committed by the court.<sup>1</sup> In Kentucky, also, a lunatic may be examined by a jury of six, or, if he is not brought into court, by two physicians appointed by the court to visit and examine him in his home. The judge commits or dismisses the "lunatic" upon the finding of the jury or the committee of physicians.<sup>2</sup> In Rhode Island an insane person may be committed by the justice of the peace, or, upon petition, a justice of the supreme court may appoint a committee of three to make an examination of the lunatic, he then deciding the case in accordance with the evidence secured. In neither case is medical testimony necessary.<sup>3</sup> In Mississippi the board of trustees for the hospital may admit patients upon the certificate of two physicians, or the case may be adjudicated, the person being tried by jury in the chancery court.<sup>4</sup> In Wisconsin and Vermont a trial by jury may be demanded after an examination has been made by physicians appointed by the court.<sup>5</sup>

The second group, in which the decision as to insanity and the power of commitment rests with the court, jury, or justice, but in which a medical examination by one or more competent physicians must be made, includes the great majority of the commonwealths. The court hears the case, taking the testimony of at least one physician, in Arizona, Arkansas, Idaho, Missouri, Nevada, New Jersey, Ohio, and Oregon.<sup>6</sup> The same provision, except that the testimony of at least two physicians must be taken, obtains in California, Connecticut, Massachusetts, Michigan, Minnesota, Montana, South Carolina, Utah, and Washington.<sup>7</sup> In Montana the relatives of the person whose sanity is questioned may demand a trial by jury. In Wisconsin commitment is made by the court upon an examination by two physicians appointed by him for that purpose, or a trial by jury may be demanded. In New York the court commits upon the finding of two

<sup>1</sup> 1768; 52.<sup>3</sup> 6-11, ch. 82.<sup>2</sup> 2156-2157.<sup>4</sup> 2835, 2843.<sup>5</sup> 592, 593; *Shumway vs. Shumway*, 2 Vt. 339.<sup>6</sup> 2156; 3991-3992; 769-776; 491-496; 1457; 26, p. 1984; 703-706; 3557.<sup>7</sup> 2210-2217; Act of June 13, 1895; 11-13, ch. 87; 1901; 3462-3465; 2300-2305; 1588; 2171-2177; 1544.

"examiners in lunacy," or he may institute further inquiry into the case, or an appeal may be taken and the case tried by jury. The "examiners in lunacy" are physicians of three years' experience who are registered with and certified to by the Commission in Lunacy.<sup>1</sup> Minnesota also provided for "examiners in lunacy," but that part of the statute has been declared unconstitutional. In Florida the court orders commitment upon the basis of the evidence taken by a committee of three, one of whom must be a physician, appointed by him to make an examination of the lunatic.<sup>2</sup> In Alabama the case is heard by the court with or without a jury, the testimony of at least one physician being taken.<sup>3</sup> In Georgia, Illinois, Kansas, and Oklahoma trial is by a jury, one of whom must be a physician.<sup>4</sup> In Indiana, North Carolina, Tennessee, and West Virginia the case is tried before the justice, or justices, of the peace instead of the court, the testimony of at least one physician being required.<sup>5</sup> In Indiana the inquest is before two, in North Carolina before two or more justices.

In the third group, where the insane are admitted to the hospital upon the certificate of physicians, the court recording the finding in the case without having power to revise the decision, are Delaware, Mississippi, New Hampshire, Pennsylvania, Vermont, and the District of Columbia. Patients are admitted to the hospital in Delaware upon the certificate of two physicians with five years' experience, whose ability and integrity are certified to by someone capable of administering oaths.<sup>6</sup> A like provision is found in Vermont, New Hampshire, and the District of Columbia.<sup>7</sup> In New Hampshire, however, the court has held that a certificate "to the genuineness of the signatures of the physicians and to their respectability is not essential to a legal commitment."<sup>8</sup> In Pennsylvania the friends of a lunatic may secure his admission to the hospital by filing with the court

<sup>1</sup> 60-63 ch. 545, Acts of 1896.

<sup>3</sup> 1241.

<sup>2</sup> Act of May 29, 1895.

<sup>4</sup> Acts of November 11, 1889, and December 17, 1894; 5-10, ch. 85; 3677-3681; Act of 1895.

<sup>5</sup> 2843-2851; 2256-2257; 2579; 9, ch. 558. <sup>7</sup> 3239-3240; 18, ch. 10; 4845-4846.

<sup>6</sup> Act of April 12, 1893.

<sup>8</sup> *Howe vs. Bancroft*, 62 N. H., 362.



the certificates of two physicians to the effect that he is insane. In other cases the court appoints a committee of three (a physician, a lawyer, and a third) to visit and examine the afflicted person. Their finding is recorded with the court, and this certificate commits the insane person to the hospital.<sup>1</sup> The law in Mississippi has been referred to above. In addition to these cases, the friends of an insane person may in several states, upon the presentation of a certificate of insanity signed by two or more competent physicians, secure his admission to the hospital as a "pay patient."

Iowa, Maine, Nebraska, North Dakota, and South Dakota form the last group, those having regularly constituted commissions for the examination and commitment of the insane. In Maine the commission is composed of certain municipal or town officers. The evidence and certificates of at least two physicians are required.<sup>2</sup> In Iowa and Nebraska each county has three commissioners of insanity, one of whom is the clerk of the court, one a physician, and one a lawyer, the latter two being appointed by the court and serving for two years. The commissioners appoint a physician to examine the insane person, and the decision as to insanity and the commitment are made by them.<sup>3</sup> In Iowa an appeal may be taken within ten days to the circuit court. The commissions in the two Dakotas are quite similar to these, consisting of the judge of probate and a physician and a lawyer appointed by the board of county commissioners and serving for two years.<sup>4</sup> Their powers and duties are the same as those of the Iowa and Nebraska commissions.

The indigent insane are usually maintained and treated in the hospitals at state expense, the costs of transporting and clothing them being at the expense of the county or political division responsible for them as paupers. In a few states all are cared for free of charge, regardless of their ability to pay.<sup>5</sup> In a few other states the whole expense is borne by the county or

<sup>1</sup> I-7, p. 1252.

<sup>3</sup> 2189-2198; 3336-3342.

<sup>2</sup> I3, ch. 143.

<sup>4</sup> 1513, 1530 (N. D.); 2179-2185 (S. D.).

<sup>5</sup> This is the case in Illinois (44, ch. 23, and 15, ch. 58), Indiana (2763-2765), Minnesota (3461), North Dakota (998), and Ohio (631).

other unit responsible for the indigent cases as dependents,<sup>1</sup> and, finally, in five states the expense is shared between the state and the county or town.<sup>2</sup>

Few states have made any adequate provision for the care of those cases proving to be chronic. While a few states have special wards or special asylums for this class, they are usually discharged from the hospitals in order to obtain room for the more recent and the more violent cases. Six states (California, Illinois, Massachusetts, Nebraska, New York, and Pennsylvania) have established state asylums, and transfer their chronic patients to them.<sup>3</sup> Some few of the harmless class are boarded with families. In Massachusetts the State Board of Lunacy and Charity is authorized to board out the harmless insane who are state dependents. The overseers of the poor are likewise authorized to board out those who are dependent upon the towns. The expense of boarding these with families is not to exceed the

<sup>1</sup>The indigent insane are a county expense in Alabama (1245, 1255), Maryland (2, art. 59), Michigan (1904, 1912, 1914), Missouri (484, 5556, 5558), South Carolina (1585, 1601), South Dakota (Act of March 27, 1891), and Tennessee (2619, 2623-2627). In Michigan the insane after two years' confinement become state charges. The counties bear the expense of those indigents in Iowa (2218-2226, 2236) and Nebraska (3365-3366) who have, the state of those who have not, county settlements. So, too, in Massachusetts (31, 34, ch. 87) the state or the town bears the expense according as the indigent is a state or a town charge, and in New Hampshire (20-26, ch. 10) the state, the county, or the town bears the expense according as the person is a criminal, or as he has only a county settlement, or as he has a town settlement.

<sup>2</sup>In Connecticut (Act of June 13, 1895) the relatives, or, if indigent, the county, must pay \$2 per week for the patient, the state bearing the additional expense. The state of Maine (14, ch. 143) pays \$1.50 per week for each indigent inmate of the asylum, the towns bearing the remaining expense. The counties of Pennsylvania (52, p. 1258, and 162, p. 1268) pay \$1.75 per week toward the support of their indigent acute insane, the state not more than \$2 to cover the additional cost. In the case of the chronic insane, the counties pay \$1 per week, the state not more than \$1.50. The counties of New Jersey (29, 30, 36, p. 1985) pay \$3 per week toward the support of their indigents in the state hospital, the state, as will be seen later, subsidizing in turn the counties caring for the insane. Finally, the state of Wisconsin (595, 604 *b and n*) pays the counties \$2.75 per week for the acute, and \$1.50 per week for the chronic insane, cared for by them, the counties in turn paying \$1.50 per week for the indigent patients cared for by the state.

<sup>3</sup>MR. WARNER, in his *American Charities*, states that the popular clamor against adjudging anyone incurably insane has been sufficient in California to defeat the purpose of the law providing a hospital for chronic cases, and that the new hospital and the old ones alike are used for both the curable and the chronic insane.

expense of caring for them in the hospital. The state board is to visit all persons so boarded out at least once in three months, and to remove them if not well cared for.<sup>1</sup> In 1889 Michigan authorized the overseers and the superintendents of the poor to board out idiots and the harmless insane. Minnesota has made provision for boarding those who cannot be cared for in their homes, with families, the expense of so doing not to exceed \$3 per week.<sup>2</sup>

Insane criminals are sometimes cared for in the prisons, sometimes in the hospitals for the insane. When transferred to the hospitals, they are usually confined in a special ward. Four states (Massachusetts, New York, Michigan, and Illinois) have established special hospitals for them. When cured, they are transferred to the prison, or, if the sentence has expired, discharged.

From the condition of the inmates more abuses are likely to arise in connection with the hospitals for the insane than in connection with other institutions. To prevent these abuses many of the states have made it incumbent upon the boards of directors to visit and inspect their hospitals frequently. As will be seen in a subsequent paper, where state boards of charities have been created, the hospitals for the insane are to receive their special attention.

We have thus far been concerned almost exclusively with the state hospitals. The state system of care has prevailed. Yet a word should be said concerning the "Wisconsin plan," a compromise between the state and the county systems.

In Wisconsin the counties are authorized, with the consent of the State Board of Control, to establish county asylums for the insane. These are designed primarily for the care of the chronic cases, yet they are also used to some extent for the treatment of the acute insane. When approved by the state board, the state pays them \$1.50 per week for each chronic, and \$2.75 per week for each acute case, cared for. When the county does not care for its own insane, but sends them to the state hospital, it must pay the state \$1.50 per week for each indigent so sent.<sup>3</sup>

<sup>1</sup> Ch. 385, Supplement.

<sup>2</sup> 3489.

<sup>3</sup> 604 *k-n*.

New Jersey has provision for something not dissimilar to the "Wisconsin plan." The counties are authorized to erect hospitals for the insane. These are subsidized, the state paying \$2 per week for each indigent patient treated. As the counties must pay not to exceed \$3 per week for the indigents sent to the state hospital, it seems that inducement is given for the development of local care.<sup>1</sup> Missouri has authorized all counties having a population of more than a hundred thousand (the city of St. Louis) to establish asylums for the insane and to withdraw their patients from the state hospitals, the state paying the counties so doing \$1 per week for each indigent patient treated.<sup>2</sup> And, lastly, Kansas has adopted the policy of paying the counties for caring for those insane who, because of insufficient room, cannot gain admission to the public hospital.<sup>3</sup>

The last point of which we wish to speak is the lunacy commissions of a number of states, and the supervision and regulation of private asylums and retreats for the insane.

In Massachusetts the law relating to the commitment and discharge of the insane applies as well to the private as to the public hospitals, and no one may be admitted except upon the certificate of two physicians. All private asylums must be licensed by the governor and his council, and are subject to visitation by them. The State Board of Lunacy and Charity may visit and inspect both public and private hospitals and discharge patients at its will.<sup>4</sup> Similarly, in Connecticut all private asylums must be licensed by the governor. All superintendents of asylums must have had three years' experience in the treatment of the insane. A license may be revoked for failure to comply with the conditions upon which it was granted.<sup>5</sup>

The Commission of Lunacy of New York visits all institutions caring for the insane, whether public or private, at least twice each year; all cases received at the hospitals must be reported to it within ten days and all cases discharged within three days; all "examiners in lunacy" must be registered with it; and all private asylums must be licensed by it. License may be

<sup>1</sup> Act of February 14, 1888.

<sup>3</sup> 3734-3736.

<sup>5</sup> Act of June 9, 1879.

<sup>2</sup> 517-520.

<sup>4</sup> 1, 12, 13, 53, 54, ch. 87.

granted only after an examination of the plan of the premises and of the number of patients to be received by the institution, etc., and may be revoked by the commission at any time. This commission consists of three men, one of whom (the chairman) must be a physician, with ten years' experience in the practice of medicine and five years' experience in the treatment of the insane, and another a lawyer, with ten years' experience in the practice of his profession. The chairman receives an annual salary of \$5,000, the lawyer \$3,000, and the third member of the commission \$10 per day for the time actually spent in the performance of his duties. The members are appointed by the governor and serve for a term of six years.<sup>1</sup> Private asylums are similarly licensed in New Jersey by the board of managers for the public hospitals, and are visited and inspected by it at least once each year.<sup>2</sup>

Maryland has a lunacy commission consisting of the attorney-general and four other members, two of whom must be physicians, appointed by the governor and serving for four years. The commission has supervision over all institutions caring for the insane, and all private asylums must be licensed by it. However, this does not apply to incorporated institutions and to county asylums not receiving "pay patients" from other counties.<sup>3</sup> In Pennsylvania all private asylums must be licensed by the lunacy commission and must report all cases admitted to it. The commission may fix the conditions of reception and discharge of patients, etc. All hospitals, private and public, are to be visited by it annually and a report made to the State Board of Public Charities. The commission consists of five members, appointed by the state board.<sup>4</sup>

Vermont has three supervisors of the insane, appointed by the governor and serving for six years. All private asylums must be licensed, and may be visited and inspected by them. They form a board of appeal in cases of commitment.<sup>5</sup> Similarly, in Illinois all private asylums are to be licensed by the State Board of Commissioners of Charities and Corrections.<sup>6</sup> In

<sup>1</sup> 1-14, 47, ch. 545, Acts of 1896.    <sup>3</sup> 12-27, art. 59.    <sup>5</sup> 2898-2905; 3274-3279.

<sup>2</sup> Act of February 26, 1895.    <sup>4</sup> 18-23, 26, 27, p. 1254.    <sup>6</sup> 33, ch. 85.

Minnesota all private asylums must be licensed by the board of managers of the public hospitals. And, lastly, the State Board of Health of New Hampshire serves as a lunacy commission in that state. It must, through a representative, visit all institutions caring for the insane at least once each four months, and records of all patients received at hospitals must be filed with it within three days.<sup>1</sup>

### III. THE IDIOTIC AND FEEBLE-MINDED.

The third class of defectives to receive special attention was the idiotic and feeble-minded youth. Like the blind and the deaf and dumb, such persons require special institutions for their education and treatment. Twenty-three states now provide special facilities for their education and treatment, nineteen in state institutions, four in private institutions or in the public institutions of the neighboring states. Where special provision has not been made for this class, large numbers of them are found in the almshouses. Where special provision has been made, it is, as a rule, very inadequate for the care of all.<sup>2</sup>

Although the curative and custodial element has constantly become more prominent, historically the primary purpose of the organization of the institutions for the feeble-minded was that of affording educational facilities for them. The four states of Delaware, New Hampshire, Rhode Island, and Vermont now make provision for the education of the feeble-minded and the imbecile, as well as the blind, in private institutions or in the public institutions of the neighboring states.<sup>3</sup> In Minnesota,

<sup>1</sup> 32-36, ch. 10.

<sup>2</sup> For an excellent article, giving the statistics of the public institutions for the feeble-minded in the nineteen states, see F. M. POWELL's paper on the "Care of the Feeble-minded," *Report of the N. C. C. C.*, 1897, pp. 287-302.

The twenty-four institutions of these nineteen states care for 8,492 feeble-minded persons. The census of 1890 reports 95,609 such persons in the United States. This shows that the great majority of this class of defectives is, as yet, unprovided for.

DR. FERNALD, in the *Report of the N. C. C. C.* for 1893, gives a detailed history up to that time of the institutions for the feeble-minded in the several states. A table taken from that paper, giving the location, date of organization, and capacity of the several institutions, may be found on p. 278 of WARNER'S *American Charities*. The table given by Mr. Powell, however, gives more complete and more recent data.

<sup>3</sup> The statutes of Delaware (by an act of February 22, 1861) provide that indigent,

Montana, and Washington the blind, the deaf and dumb, and the feeble-minded are all educated in separate departments of the same institutions.<sup>1</sup> The remaining sixteen states have one or more independent institutions for this class.<sup>2</sup>

Usually two departments, the one educational, the other custodial, are organized. Admission is usually limited to children of school age.<sup>3</sup> After the course of instruction has been completed, the board of trustees may discharge the person or may retain him in the custodial department of the institution. Usually none are excluded because of a special kind of mental deficiency. New York, however, has special institutions for unteachable idiots and epileptics, and so excludes them from the school for the feeble-minded. Massachusetts has also made special provision for epileptics, and likewise excludes them from the institution for feeble-minded youth. In Washington only those capable of instruction are admitted.

As with the blind and the deaf-mutes, some states educate all the feeble-minded free of charge, regardless of their ability to pay, while others educate only the indigent at public expense.<sup>4</sup>

idiotic, and feeble-minded children may be sent to the Pennsylvania Training School for the Feeble-minded, the expense not to exceed \$1,600 in any one year, and no county being entitled to send more than two such indigents at one time. New Hampshire (1, ch. 86) makes an annual appropriation of \$1,000 for the education of the indigent feeble-minded of the state. Vermont (682) makes a similar appropriation of \$2,000. Rhode Island (ch. 85) makes provision for the education of imbeciles, as well as of the blind, in institutions within or without the state.

We have been unable to find whether any imbecile youths are really educated in accordance with these provisions.

<sup>1</sup> 3437-3446; 2300-2307; 1997-2011. Each of the three departments of the Minnesota school has its own superintendent.

<sup>2</sup> The sixteen states are California, Connecticut, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Nebraska, New Jersey, New York, Ohio, Pennsylvania, and Wisconsin. Of these (see *Report of the N. C. C. C.*, 1897, p. 290) New York has three institutions, and Pennsylvania and New Jersey two each. In addition to this Dr. Powell reports North Dakota as caring for forty-five feeble-minded persons in the hospital for the insane at Jamestown.

<sup>3</sup> In a few states the ages are limited as follows: California (Act of 1885), Iowa (2714), and Nebraska (3080), from five to eighteen; Kentucky (617), from six to eighteen; Michigan (20, Act of June 2, 1893), from six to twenty-one; Kansas (6175), and Ohio (671), under fifteen; Indiana (2834), under sixteen; and Pennsylvania (19, p. 707), under twenty.

<sup>4</sup> In the following states all are maintained and educated at state expense, the

Special provision has been made for the adult feeble-minded in New York, New Jersey, and Iowa. New York has a custodial asylum at Rome for adult unteachable idiots. New York and New Jersey have state homes for the detention and care of feeble-minded women. In 1892 Iowa provided for the erection of cottages for feeble-minded adults in connection with its school for feeble-minded youths.

#### IV. THE EPILEPTIC.

Little has been done to remove the epileptic from contact with the insane and the feeble-minded. In a few instances, as in Virginia, they are placed in a separate ward of the insane asylum. Only three states, Ohio, New York, and Massachusetts, have established institutions designed solely for their care and treatment.<sup>1</sup>

A measure providing for a hospital for the epileptic was passed by the Ohio legislature in 1890. Patients are committed by the probate judge upon the certificate of a practicing physician. The patients are apportioned among the several counties of the state in proportion to population, and are a state expense. New York established Craig Colony, a similar institution, in 1894. In the following year Massachusetts also established a hospital for epileptics. It is designed for the care of those adult epileptics who are not idiotic, inebriate, or violently insane. The laws relating to the commitment and support of the insane apply to the commitment and support of the epileptic.

#### V. THE INEBRIATE.

With the recognition of inebriety as a disease and not as a crime, a few states have made public provision for its treatment. In a few states the law provides that the inebriate may be committed (or town) bearing the expenses of clothing and transporting the indigent: Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Ohio, and Washington. In the other states only the indigent pupils are a public expense.

<sup>1</sup>For an account of the work done by the Ohio Hospital for Epileptics, see a paper by H. C. RUTTER, "Colony Care of the Epileptic," *Report of N. C. C.*, 1897, p. 63. Something in regard to Craig Colony may also be found in the same report, p. 69, in a paper by WILLIAM P. SPRATLING on "Industrial Education for Epileptics."



mitted to the hospitals along with the insane. In Vermont they may be committed like the insane to the hospital or to private institutions for the cure of drunkenness.<sup>1</sup> Massachusetts has established a state institution for the treatment of such cases, the laws relating to the commitment and support of the insane applying.<sup>2</sup> Pennsylvania authorizes the counties to establish hospitals in connection with the workhouses, and to commit all inebriates for a course of treatment of from six months to two years, the indigents to be committed at the expense of the county.<sup>3</sup> In Michigan and Wisconsin they are to be committed to some private asylum, if indigent at public expense.<sup>4</sup> The commitment in the former state is to be for not longer than thirty days; the cost of treatment in the latter, not greater than \$130. In Louisiana the judge of the district court may, upon the application of the relatives of an indigent drunkard, who has lost the power of "reasonable self-control," commit him at the expense of the parish to some institution for treatment, provided, however, that the institution will agree to cure the inebriate at a cost not to exceed \$100.<sup>5</sup> Minnesota has provided for the commitment of drunkards to a special department of the state hospital for the insane.<sup>6</sup> She also authorizes the county judge to commit drunkards to some institution to take the "gold cure," the cost of treatment not to exceed \$100.<sup>7</sup> And, lastly, California has authorized certain counties holding lands reserved for that purpose to erect hospitals for the inebriate.<sup>8</sup>

#### VI. CONSUMPTIVES AND TUBERCULAR PATIENTS.

Massachusetts, always leading in providing for the care of the indigent and for the treatment of the defective, has established a state hospital for consumptives and tubercular patients. The laws (except as to commitment) relating to the insane apply here also.<sup>9</sup>

Good management of state institutions is necessary for effi-

<sup>1</sup> 4557-4558.

<sup>5</sup> Act of July 12, 1894.

<sup>6</sup> Act of April 25, 1895.

<sup>2</sup> Act of June 5, 1889.

<sup>7</sup> Act of April 22, 1895.

<sup>3</sup> Act of June 26, 1896.

<sup>8</sup> Act of March 27, 1895.

<sup>4</sup> Act of June 2, 1893; Act of April 19, 1895.

<sup>9</sup> Act of June 5, 1895.

cient service. The selection of directors is the thing of most vital importance in the creation of an institution. The selection must be removed from politics, and be such as to secure intelligent men. To remove the selection from politics, all opportunity for financial gain, either by salary or in awarding contracts, must be removed. To secure intelligent service, appointments must be for long terms, and the board must be a continuous body. A brief notice of the appointment of boards of directors, their salaries, if any, and the appointment of officers for the several state institutions has been reserved for this place.

The boards of directors for the several state institutions are usually appointed by the governor, with the advice and consent of the senate. In a few of the southern states, however, the (nominal) consent of the senate is not required. In Nebraska the members of the boards are elected by the general assembly. In a few of the western states certain of the state officers serve in the capacity of a board of control. The boards of directors are, with two exceptions (not including the salaried state boards of control, which will be discussed in a subsequent paper), unsalaried, or have salary only sufficient to cover expenses.<sup>1</sup> In Georgia the trustees for the asylum for the insane receive \$300 per year, but this is in lieu of all expenses.<sup>2</sup> In Colorado the trustees for the school for the blind and the deaf and dumb receive annual salaries of \$150, while the trustees for the hospital for the insane receive salaries of \$600.<sup>3</sup> Fortunately no such flagrant case of salaried boards, such as Indiana formerly had, now exists. The provision that members of boards shall not be interested in any contracts awarded is almost universal, and in many cases penalties are attached for its violation, but it is doubtful whether such legislation is, or can be made, effective. Continuous boards have become quite the rule.<sup>4</sup>

<sup>1</sup> In the following states the boards of the several institutions receive payment for the time spent in the performance of their duties (ranging from \$2 to \$10 per day, the time being limited to a few days per year), and mileage: California, Arizona, Iowa, Michigan, Nebraska, North Dakota, Vermont, Maine, Texas, Washington, and Idaho.

<sup>2</sup> 1343.

<sup>3</sup> 2970.

<sup>4</sup> The boards of some, or all, of the institutions of the following states are so

With few exceptions, the states have a distinct board for each institution. A few states have, however, sought to secure more efficient service by centralizing the direction of the several institutions in the hands of a single board. In some instances the several state hospitals for the insane have been placed under the direction of a single board.<sup>1</sup> Seven states (Kansas, Rhode Island, Arkansas, South Dakota, Wyoming, Iowa, and Wisconsin) have created state boards of control, and vested the management of all the state institutions for defectives in them.

Usually the legislatures have left the boards of directors free in the management of their respective institutions. They usually have power to appoint all necessary officers (or to appoint a superintendent and to confirm his appointments), and to fix their salaries. But two or three instances remain where, as in Mississippi and Nebraska, the governor appoints the superintendents of the several institutions.<sup>2</sup> The legislature has, however, in a number of instances fixed the salaries of some, or all, of the officers of the institutions.<sup>3</sup> In New York the salaries of the officers and employés connected with the hospitals for the insane are fixed by the Commission in Lunacy.<sup>4</sup>

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arranged as to be continuous bodies : Arizona, Connecticut, California, Colorado, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and West Virginia.

<sup>1</sup> This is the case in New Jersey, Minnesota, and Texas.

<sup>2</sup> 2816; 3330.

<sup>3</sup> The salaries of some, or all, of the officers in the institutions of the following states are fixed by statute : Colorado, California, Florida, Illinois, Kentucky, Maine, Ohio, North Dakota, Nevada, and Washington. In a few instances, as in Indiana and Michigan, maximum salaries are fixed.

<sup>4</sup> 38, ch. 545, Acts of 1896.